FEC

STATEMENT OF

FORM 1	ORGANIZAT	TON		
1 Olliwi 1	(See instructions)			Office use only
NAME OF COMMITTEE (in f	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Freshmen PAC	;			
ADDRESS (number and s	treet) PO Box 1635			
(Check if address is changed)				
	Alexandria		LYA] L	22313 -
	CIT	ТУ▲	STATE	ZIP CODE 📥
COMMITTEE'S E-MAII	_ ADDRESS (Please provide only one e-mail	address)		
(Check if address is changed)	ross@acgrep.com			
	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE M M M O 9 3. FEC IDENTIFICA	1 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	C00383901	1	
4. IS THIS STATEM		X AMENDED (A)	1	
I certify that I have examin	ned this Statement and to the best of my knowled	lge and belief it is true, correct an	d complete	
Type or Print Name of	Treasurer Steven Ross			
Signature of Treasurer	Electronically Filed by Steven Ross		Date 09	7 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may sub			s of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)